

POSITION	W.T. LS	ID #	DATE
FEE DETERMINATION	7	72-120-01	
O.I.P.E. CLASSIFIER		3/8	
FORMALITY REVIEW	41	72-120-01	
RESPONSE FORMALITY REVIEW			5/15/01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral).... Canceled  
 ÷ ..... Restricted

N ..... Non-electronic  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	09/17/01
Original	10/31/01
1	
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4	✓
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6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	N
21	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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